# 201704280200145763

Use

Only

**FEC** FORM 1

### STATEMENT OF **ORGANIZATION**

SPERETARY OF THE SENATE

ITADD 20 AM HELLA

|  |  |  | ITAPR                                 | ZO AFITI 40<br>Office Use Only  |
|--|--|--|---------------------------------------|---------------------------------|
| NAME OF     COMMITTEE (in full)                        | (Check if name is changed)   | Example: If typing, type over the lines. | 12FE4M5                               | <b>.</b> ·                      |
| Hatch Election C                                       | ommittee, Inc.   | · <u> </u>                               |                                       |                                 |
|  |  |  |                                       |                                 |
| ADDRESS (number and street)                            | PO Box 3986  | <u> </u>                                 |                                       |                                 |
| (Check if address is changed)                          | Washington CITY ▲  |  | DC 20                                 | 027-0986<br>ZIP CODE ▲          |
| COMMITTEE'S E-MAIL ADDRE                               | ESS  |  |                                       |                                 |
| (Check if address is changed)                          | les@leswilliamson.com  |  |                                       |                                 |
|  | Optional Second E-Mail Adher the ather the Indian E-Mail Adher the Indian E-Ma | dress<br>group.com                       |                                       |                                 |
| COMMITTEE'S WEB PAGE AD  (Check if address is changed) | www.orinhatch.com  |  |                                       |                                 |
| 2. DATE 04   | 24 2017  |  |                                       |                                 |
| 3. FEC IDENTIFICATION N                                | IUMBER ▶ C C   | 000104752                                |                                       |                                 |
| 4. IS THIS STATEMENT                                   | NEW (N) OR   | X AMENDED (A)                            |                                       |                                 |
| I certify that I have examined                         | this Statement and to the bes  | t of my knowledge and belief             | it is true, correct a                 | nd complete.                    |
| Type or Print Name of Treasur                          | rer Les Williams   | on, Assistant Tra                        | eastver                               |                                 |
| Signature of Treasurer                                 | 19-1   |  | Date 04                               | 24 2017                         |
| NOTE: Submission of false, erro                        | neous, or incomplete information   | n may subject the person signing         | this Statement to the WITHIN 10 DAYS. | ne penalties of 2 U.S.C. §437g. |
| Office   |  | For further Information                  | contact:                              | FEC FORM 1                      |

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

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| FEC Form 1 (Revise             | sed 02/2009)  | Page 2                                      |
|--------------------------------|---|---|
| TYPE OF COMMITTEE              |   |   |
| Candidate Committ              | tee:  |   |
| (a) X This comm                | mittee is a principal campaign committee. (Complete the candidate informati   | ion below.)                                 |
| (b) This comminformation       | mittee is an authorized committee, and is NOT a principal campaign commi  | ittee. (Complete the candidate              |
| Name of Candidate Hate         | tch, Orrin, G., ,   | <u> </u>                                    |
| Candidate<br>Party Affiliation | REP Office House Senate Po  | resident State UT  OUT  District            |
| (c) This comm                  | mittee supports/opposes only one candidate, and is NOT an authorized cor  | mmittee.                                    |
| Name of Candidate              |   |   |
| Party Committee:               |   | (D  |
| (d) This comm                  | (National, State or subordinate) committee of the   | (Democratic,<br>Republican, etc.) Part      |
| Political Action Cor           | mmittee (PAC):  |   |
| (e) This comm                  | nmittee is a separate segregated fund. (Identify connected organization on line   | e 6.) Its connected organization is         |
| _ <b>_</b>                     | Corporation Corporation w/o Capital Stock   | Labor Organization                          |
|                                | Membership Organization Trade Association   | Cooperative                                 |
|                                | In addition, this committee is a Lobbyist/Registrant PAC.   |   |
|                                | nmittee supports/opposes more than one Federal candidate, and is NOT a see. (i.e., nonconnected committee)  | separate segregated fund or par             |
| ☐ In                           | n addition, this committee is a Lobbyist/Registrant PAC.  |   |
| In                             | n addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |
| Joint Fundraising F            | Representative:   |   |
| (g) This committee             | nmittee collects contributions, pays fundraising expenses and disburses net pro<br>pes/organizations, at least one of which is an authorized committee of a federal | oceeds for two or more political candidate. |
| (h) This common committee      | mittee collects contributions, pays fundraising expenses and disburses net pro<br>es/organizations, none of which is an authorized committee of a federal candid    | ceeds for two or more political<br>date.    |
| Committees Pa                  | Participating in Joint Fundraiser   |   |
| 1. 1                           | FEC ID number   | C   |
| 2.                             | FEC ID number   | C   |
| 3.                             | FEC ID number   | C   |
| 4.                             |   | C   |

| _                              |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|
| Write or Type Committee Name   |  |  |  |  |  |  |
| Hatch Election Committee, Inc. |  |  |  |  |  |  |
| 6.                             | 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor |  |  |  |  |  |
| H                              | atch Victory Committe  | e<br>  |  |  |  |  |
|                                |  |  |  |  |  |  |
|                                | Mailing Address  | PO Box 3986  |  |  |  |  |
|                                |  | 20027.0005   |  |  |  |  |
|                                |  | Washington DC 20027-0986   |  |  |  |  |
|                                |  | CITY STATE ZIP CODE  |  |  |  |  |
|                                | Relationship: Connected  | Organization Affiliated Committee  Joint Fundraising Representative Leadership PAC Sponsor                             |  |  |  |  |
| 7.                             | Custodian of Records: identification books and records.  | tify by name, address (phone number optional) and position of the person in possession of committee                    |  |  |  |  |
|                                | Williamson   | , Les, , ,   |  |  |  |  |
|                                | Full Name  | PO Box 3986  |  |  |  |  |
|                                | Mailing Address  | <u> </u>   |  |  |  |  |
|                                |  | Washington , DC , 20027-0986 , ,   |  |  |  |  |
|                                |  | Washington DC 20027-0986   |  |  |  |  |
|                                | Title or Position  | CITY STATE ZIP CODE  |  |  |  |  |
|                                | Custodian of Records   | 1  |  |  |  |  |
| 8.                             | Treasurer: List the name and any designated agent (e.g., a   | d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer). |  |  |  |  |
|                                | Full Name Anderson, of Treasurer   | A., Scott, ,   |  |  |  |  |
|                                | Mailing Address  | 1 S Main St  |  |  |  |  |
|                                |  |  |  |  |  |  |
|                                |  | Salt Lake City   |  |  |  |  |
| 1                              | Title or Position<br>Treasurer   | Telephone number   |  |  |  |  |

V۸

STATE

22101

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

McLean

CITY

### FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents **Banks or Other Depositories:** safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY A **STATE** ZIP CODE . [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 2017 Senators Classic Committee 228 S. Washington Street Mailing Address Suite 115 Alexandria **CITY** STATE A ZIP CODE Relationship: Connected Organization **Affiliated Committee** Joint Fundraising Representative Leadership PAC Sponsor [ ADDITIONAL ] **Designated Agent** Full Name Mailing Address Title or Position ZIP CODE CITY 4 **STATE** Telephone number [ ADDITIONAL ] Joint Fundraiser Participant FEC ID number

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> United States Senate Post Office

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## United States Senate

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